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# **The 'Cameos of Care Homes' project - care home staff's Vanguard involvement and reflections**

## **Abstract**

### **Purpose**

The Cameos of Care Homes project was an opportunity to use the medium of film to showcase the experiences and reflections of front line care home staff whose employers participated in the NHS England Vanguard programme. Reflecting on their involvement in one of the Enhanced Health in Care Homes Vanguards, 12 staff described, in front of the camera, the impact on themselves and their colleagues, on their care for their older residents, and on the wider culture of the care home.

### **Design/methodology/approach**

The article reports the experiences of care home staff that were purposefully recorded on film about their participation in a care home Vanguard. The recruitment of the care homes and staff is described, as are the development of interview questions and approaches needed when filming is considered as a research method.

### **Findings**

Participating care home staff reported that their involvement in the Vanguard programme had improved knowledge, confidence, morale, communication skills and the homes' learning cultures. They were enthusiastic about reporting their experiences on film. Examples were given of proactive early support from local NHS staff leading to improvements in care, thereby reducing demand on the NHS. However, participation was resource-intensive for care homes. Care home

staff hoped the support that accompanied the Vanguard programme would continue but were uncertain to what degree this would happen once the Vanguard programme ceased.

### **Research limitations/implications**

The interviews were undertaken with self-selecting group of care home staff from two care homes operating in one of the six Vanguard sites in England. By their very nature interviews for a public film cannot provide anonymity.

### **Practical implications**

Researchers seeking the views of care home staff may wish to consider filming interviews and presenting the film as a research output that is engaging, accessible and informative for care home and wider audiences.

### **Originality/value**

The article presents an analysis of filmed interviews with care home managers and care workers working with older people. Their views on the Vanguard initiative have not been widely considered, in contrast to the sizeable literature relating to NHS activity and expenditure.

### **Keywords**

Vanguard; Care homes; Workforce, Older People; Film

## **Introduction and background**

In 2015 the National Health Service (NHS) England and its partners announced the launch of the New Models of Care Programme, inviting individual NHS organisations and partnerships to become 'Vanguard' sites. Between 2015-18 the 50 selected Vanguard sites received £329 million to support them in testing proposed new care models, with NHS England spending a further £60 million on a programme to support and monitor the vanguards' progress. The 50 Vanguards were required to work with national bodies to establish new care models in light of policy outlined in the NHS Five Year Forward View (NHS England 2014). As part of this, six Vanguard sites across England were specifically funded to develop new ways to enable local care homes to better support the increasingly complex health needs of their older residents (NHS England 2015). They are referred to as the Enhanced Health in Care Homes (EHCHs) Vanguards.

About 410,000 people live in a care home in the UK (Competition and Markets Authority 2017), yet many do not have their health needs adequately met. As a result care home residents often experience avoidable admissions to hospital and sub-optimal medication management (NHS

England, 2016). In seeking to address these problems, within the six EHCH Vanguard sites a set of selected care homes worked with the local NHS, local authorities, and the voluntary sector on a range of evidence-based interventions delivered to, in and around the homes. Many of these interventions were already in place in some areas of the country, but the EHCH Vanguards were charged with bringing these together in a coordinated way (NHS England, 2016) to improve residents' health care.

A major evaluation of the Vanguard programme overall was undertaken by the National Audit Office (NAO) (2018) but that of the EHCH Vanguards has only reported on the initial scene-setting phase (Stocker et al 2018) during which a range of local practitioners and care home managers was interviewed about their expectations and suggestions for the evaluation. An earlier literature review and consultation reported on the importance of care home cultures in embracing innovative practice or incentives to inform the Vanguards (see Goodman et al 2017). This present article reports a further small NHS England project that was commissioned to bring together in an accessible format the experiences of care home staff and their managers about the process and impact of participating in a care home Vanguard. This 'Cameos of Care Homes' project worked with a filmmaker to capture some of these experiences in two care homes within one Vanguard area (East and North Hertfordshire). The project recruited 12 care home staff (including the two registered managers) and asked them to speak on camera about how they had adapted their services to better meet the health needs of residents as a consequence of Vanguard participation, and what additional support had been received from local NHS professionals, such as General Practitioners (GPs) and pharmacists, and from other Vanguard partner organisations. Care home staff described the different Vanguard interventions that they had encountered. This article discusses the project and the learning from this focused engagement with care home staff.

## Methods

An inter-department team from (anonymized), combining social care, nursing and policy expertise, was commissioned by NHS England in 2017 to undertake the Cameos of Care Homes project. Our work was informed by an earlier film project, Cameos of Compassion, which was designed to inform nurse education (O'Dowd Lernihan et al 2018), and a major longitudinal study of the care workforce that had drawn heavily on the views and experiences of frontline staff to comment on changes in care work (see authors). The use of film is established as having the potential to fulfil a range of research method objectives (Banks 2007; Jewitt 2012), for example, facilitating Participatory research, via film 'diaries'; using Videography to document or observe activities in the field; or for Elicitation, using film to prompt discussion. However, film was chosen here as the medium best suited to present project findings and messages in an engaging and accessible format to target audiences, which included care home staff and managers/owners considering or embarking on similar interventions as elements of the Vanguard are rolled out nationally. Other film techniques recently used in the UK include a video animation from the Optimal study designed to capture some of the key findings and recommendations about the need for NHS to work more closely with care homes that is targeted at health service audiences (see Goodman et al 2017).

An approach was made to all the EHCH six Vanguard sites of which one – East and North Hertfordshire – volunteered to participate. The Vanguard partner organisations within this site offered to provide a point of contact to facilitate recruitment of care homes to the film project, and this person made initial phone inquiries to homes involved in the Vanguard programme. Care home managers who expressed an interest in participating were contacted to discuss what participation would involve. Of the two care homes eventually agreeing to take part, one had 44 residents, the other 67 residents, and both had a specialism of supporting older people with dementia. Information flyers were provided for managers of these participating homes to circulate to staff, and follow up visits enabled informal conversations with care home staff individually and

in small groups in order to familiarise them with the project, allay any concerns and encourage them to participate. Some staff initially expressed reluctance to be interviewed on film, but preparatory conversations about the content, length and style of the interview and the purpose of the film succeeded in reassuring potential participants. A fallback position was to audio-record staff unwilling to be filmed and combine their narrative with generalized care home footage, but this was not required.

The findings discussed here are based on 12 filmed interviews with care home staff from two homes out of the 92 participating within one EHCH Vanguard site. As Goodman et al (2017) have commented, the receptivity of care homes to new initiatives needs to be considered and the managers of the two participating care homes had different but clear reasons for taking part. Another care home which was visited to discuss participation in the project declined and identified

the additional pressures of Vanguard participation as contributing to high levels of stress and workload within the home. This home was encouraged to relate their experiences but declined.

All staff who were Vanguard trained 'champions' were invited to take part in a brief filmed interview and the areas to be covered within each interview were discussed and refined together.

Interview questions focused on:

- why their care home had become involved in the Vanguard;
- any frustrations with pre-Vanguard healthcare support for their residents;
- which elements of the Vanguard programme they had participated in, and, for each element, whether they had received any resources or support and how they had worked differently;
- experiences of successes and difficulties;
- experiences of outcomes, both expected and unexpected;
- what it would have been useful to know from the outset.

The interviewer returned with a two-person film crew on an agreed date and undertook six staff interviews within a half day of filming at each care home. Working with a hired film crew and equipment added considerable costs to the interview processes, and it was agreed that all filming would have to take place during a single visit. This led to the exclusion of one staff member unavoidably absent on the day, but a substitute participant was found. The final project film was planned to be 20 minutes long and the project team agreed that staff should not feel they had participated in long interviews, only to find scant material used, so interviews were kept brief, focusing on the areas that individual staff had identified in advance that they would be best placed and most comfortable in talking about. Over one hour of interview footage was generated and edited into the final 20 minute film. In total, seven female and five male staff took part. These 12 participants included the registered manager and the deputy manager of each home and senior care staff who had trained to be Vanguard 'champions', as well as one home owner/director who

had taken the lead on their home's Vanguard involvement. Although this project was not a research study, all participants were provided with and talked through a project Information Sheet in advance and signed a Consent Form prior to participating, to confirm that they were happy for their interviews to be included in the project film and related publications.

Editing of the film footage was a collaborate process between the lead researcher – initially undertaking thematic analysis of the film transcripts to map the film content – and the lead film maker, overseeing decisions on the look of the film and editing the film on specialist software.

Participating care homes and the Vanguard partner organisations were invited to comment on and offer clarifications of any perceived inaccuracies in draft versions of the project film and publications in advance of their launch, and some small amendments were made.

## **Limitations**

The two care homes which did agree to participate in this project were likely to be those that had positive experiences to report and which felt their participation would reflect well on the homes, their staff, and their residents' care. Individual interviews were filmed at participants' places of work without colleagues in the room, but with the knowledge that the film would be on public view. Although participants were encouraged to reflect critically on their experiences and to offer learning on what could have been done better, as well as to describe successes, some may have been reluctant to be critical. For a more participatory approach the researcher would have needed to revisit each home and hold viewings and discussions with care home staff on the draft film, but resources did not allow for this. In particular there were pressures on care home staff's time, so managers were asked to encourage staff to watch and comment on the draft film individually or with colleagues which they agreed to do. One strength of the sample is that the two care homes



were in contrasting positions regarding their Care Quality Commission (CQC) ratings (one highly rated; the other not so) but in both homes the managers were very helpful to the study.

## Findings

The film is available free to view on (to be inserted). Staff in the two care homes were largely enthusiastic about being filmed, although some were acutely nervous, but all made a personal effort to be available for the filming. For all those participating in this project it seemed to be a sign that their experiences and views, and their day to day care work, were valued. Care homes described getting involved at different 'waves' or time periods of the Vanguard but all welcomed the investment in staff training that it offered, and what they hoped would be the resultant boost to their residents' care:

*"We got involved ... as a result of acknowledging the complexity of residents that we were receiving ... The Vanguard gave us an opportunity due to the level of investment that we could give to our staffing team ... with the aim of raising the overall standard of care offered by everyone in the home to all our residents, and in particular to those suffering from complex needs."* Care Home Owner / Director

For one home the need to raise their reputation was also a factor influencing participation:

*"When I came on board in 2016, the home was on embargo (the local authority would not fund residents) ... the training that was involved with the Vanguard – we felt it would be a good idea, and [the] Council also recommended that it would ... empower our staff and give them a lot of knowledge ... We wanted to reduce the amount of admissions of residents we send into hospital."*

Registered Manager

### **Complex Care Premium Champions**

Care home staff talked of different elements of the Vanguard that they had experienced, which included the introduction of 'Impartial Assessors' to assess hospital residents prior to discharge,

the Medicine Optimisation programme, the 'Red Bags' scheme (a bag containing relevant information to accompany a care home resident to hospital), the 'Home First' rapid response service, and the 'Early Intervention Vehicle'. However, the element of the Vanguard that care home staff and managers reported as having the most significant impact on the culture of working with residents was the training supplied to become 'Complex Care Premium Champions', referred to commonly as 'Champions'. The Vanguard offered six specialist training pathways, in the areas of: dementia, nutrition, engagement, falls, wound care and health (including end of life, continence, neurological and respiratory conditions) for such Champions.

The initial wave of Complex Care Premium Champion training was described as 'intense' and staff were not always confident undertaking it, although as one said, *"at the end of it, it was worth it"*. Others also reported it being hard work:

*"Pretty intense ... It was great to meet other people from other homes, several different carers at different levels and we were all able to exchange opinions and find out how different homes worked ... there was an awful lot of homework involved."* Wound Management Champion

*"We did homework every night, every night. I came home with a big folder and had to go home and sit maybe a couple of hours ... I have got more confidence now, you know, the rest of the carers will listen to me."* Engagement Champion

Champions and their care home managers had fed back to the Vanguard organisers that this initial wave of training was very intensive in the demands it made on staff time, study skills and confidence. They described positive changes had then been made to the Champions' training programme, which was subsequently broken down into incremental modules:

*"It was full on when you go into the training, you don't know what to expect and it was quite challenging ... We gave feedback ... I think they took it on board and they split it up. So for this one*

*... you were introduced to it gradually where you build your confidence to get to the level where you need to deliver training, so that was brilliant.” Health Champion*

*“When the Vanguard was initially introduced they came with the ‘Complex Care Premium’ and that was quite heavy ... but the way it was introduced this time around, starting from having ‘Complex Care Access’, you do a few more modules and then you go on to do ‘Complex Care Foundation’ ... It has actually been great because it builds the staff confidence slowly.” Registered Manager / Wound Champion*

Champions and their care home managers had also asked for more support during and after training to ensure that Champions’ new knowledge and skills were implemented, and supplemented where needed:

*“The first time there was no support ... but now they do home visits and they call and we are able to also call them and say, you know there is somebody there for support.” Health Champion*

*“Refreshers have been offered and they came from Hertfordshire Care Providers Association, they have come out and visited us regularly. We have meetings together here as staff with management and all the Champions we get together and have a chat about if there is anything else we need ... It’s been really well run, really good.” Wound Champion*

Although some Champions who had participated in the first wave of training said they would be reluctant to take on a similar study load again, staff in both homes reported that whilst initially many staff were reluctant to train as Champions, there was now a waiting list:

*“The reason why I became the health champion was because the staff were not forthcoming ... now people are queuing to take the position so I’m ready to relinquish the position for them.”*

Health Champion

The major resource implication for homes was the amount of time Champions needed to spend away from their frontline care roles. This meant that their colleagues often needed to take on additional shifts which was costly to the home:

*“The main area of concern was the amount of training that the staff had to do ... A lot of time is spent on the training and that meant having to fill shifts in here when the staff went out.”*

Registered Manager

*“What has been difficult ... is having to send staff on training, although we have been very lucky with our home owner, they are very open to actually putting in the resources, because they can see the effects ... We were ‘inadequate’, I think within eight months, we got to ‘good’ ... the benefits outweigh the cost.”* Registered Manager

Care home champions described the positive impact of their training on their confidence, skills and knowledge, and on the quality of care that they, and colleagues that they had cascaded training to, could now provide:

*“Definitely loads more confidence – just knowing that you know what you are talking about, as before totally relied on district nurses. To have this knowledge and to have passed that on ... and to see the staff have so much confidence ... it has benefited all of our residents. We are on top of wound care – very rarely see a pressure ulcer ... residents that have arrived with grade 3 [pressure ulcers] ... with all our knowledge and care and the staff, working obviously with the district nurses as well, we have been able to see these grade 3s heal up - fantastic work.”* Wound Champion

*“I can see the impact ... with the knowledge I have now I know how to support the residents more in order to meet their person-centred needs ... it can be quite challenging when you know your resident needs nutrients, but they’re not having it, based on their confusion, on dementia and they don’t understand.”* Nutrition Champion

*“Prior to becoming a dementia Champion I don't feel there was a lot of dementia training around ... to get that knowledge and then pass it back to the staff, for them to have that experience in how to support people ... I am now the qualified dementia trainer, so I come in and I train the staff at least once a month ... it's something really worth doing.”* Dementia Champion

Criticisms were made about some repetition in the training material covered, and that the ‘engagement’ training under-estimated the severity of residents’ dementia symptoms:

*“I welcomed the opportunity to do extra training ... What I was hoping to be able to get was a better knowledge for myself personally, that I could pass onto the other activity members on how we can stimulate and support the residents that are more mid to late dementia ... our residents’ needs here are very, very strong and that is where I just feel that this training let me down.”* Engagement Champion

### ***Successes from Vanguard participation***

When care staff and managers were asked if there had been successes from taking part in the Vanguard they reported stories of it empowering staff by improving knowledge, confidence and morale, and more broadly building the communication skills and learning culture of the staff team. This had led to them improving the quality of care to their residents and being better at preventative care, which reduced call outs to GPs, district nurses, ambulances, and ultimately reducing hospital admissions. The greater skills and confidence of staff in managing the complex health needs of their residents were said to be improving relationships with health professionals.

## **Empowering staff, improving knowledge, confidence and morale to better meet residents' needs**

Emphatically care home staff and managers said that the Vanguard training had empowered all staff, by boosting the knowledge, skills and confidence not only of the individual Champions, but through the cascading of the Champions' training to all care home colleagues. The direct impact of this was that care home staff were now meeting residents' needs better and faster:

*"Not only did we upskill the levels of knowledge and confidence that resulted for our Champions, but we could also cascade that information and knowledge down to all of our staffing team ... raising the overall standard of care offered by everyone in the home to all of our residents."* Owner / Director

*"The biggest success is the staff empowerment - if you empower staff, you build their morale and that has been the best thing that has come out of it. And also, for the residents ... their needs have been met quicker, because carers (care workers) are the front line and they are the ones that have the 'one to one' with the residents before they can even get to call the nurse, myself or call the GP."* Registered Manager

*"One of the staff that has worked here for thirteen, fourteen years and when we started had never delivered training ... now she delivers the dementia training, and seeing her gain the confidence and build knowledge ... it just builds the staff morale. It's really contributed to the environment in general in the home."* Registered Manager

*"People were not confident to talk on the phone or when they were asked questions - paramedics come and they think, 'Oh, I am a carer and I can't talk to them, I need to go and look for a nurse'. But now everybody is empowered, and they are confident."* Health Champion

## **Building a learning culture and team communication by sharing knowledge**

Greatly valued, but less expected, were the broader shifts that care home staff described in their teams' culture of learning and communication. These had stemmed from the imperative to cascade the training that Champions had brought back to their care homes:

*"Another thing that has come out of this for us, as a home, is ... how to build communication within the team ... to pass on our knowledge on to staff ... It might just be we want to talk about our foot care, we would do that in fifteen minutes. If we hadn't done the Vanguard we wouldn't have that ... this Vanguard ... has given us the opportunity to say, you know what - training is ongoing. It can be a 'one to one' five minutes with someone."* Registered Manager

*"Because I deliver the training, I incorporate the knowledge as I go along. I might be doing manual handling and infection control and I will chip in some of the information."* Health Champion and Trainer

*"I would say the Vanguard programme has been quite positive, because in-house we do what we call the 'Champions' meeting' where we sit down and everybody contributes from their various departments ... How can we support the residents? How can we increase nutrition and how can we support their engagement? If they have a pressure sore, we have the champion to support as well. So, it's been a positive thing working as a team and everybody contributing their quota to make sure that the resident has been well assisted with their quality of life."* Nutrition Champion

*"Staff are challenging me, and as the trainer I am going: 'Yes, this is what we want!' ... If in the team we can't challenge each other, then the team is a failing team."* Health Champion and Trainer

## **Greater preventative care leading to reduced reliance on health services**

Care home staff described a stronger preventative approach to addressing the complex health needs of their residents, thanks to the increased expertise of the champions and the cascading of their new knowledge and confidence to all staff. These approaches ranged from new ways of preventing or dealing with urinary tract infections (UTIs), preventing falls, and managing emergencies:

*“In one of the training ... it was recommended to have fresh lemon juice ... we prepare it ourselves for our residents who have recurrent UTIs ... to prevent us calling the GP for antibiotics.”* Nutrition Champion

*“I think there has been a reduction in falls, because all the staff know that they have had the training from the Champions to try and prevent falls. So, there has been fewer falls and admissions to hospital because of it.”* Registered Manager

*“One of the main problems I think was the fact that the staff weren't trained enough to deal with emergencies ... staff have now become more confident in dealing with any issues that arise in the home, so if somebody is taken ill, they do as good a job as say, a district nurse would do or even some of the ambulance crew ... they can recognise what needs to be done and take the appropriate action.”* Registered Manager

## **Improved relationships with vanguard health partners**

Alongside reduced reliance on health professionals, care home staff felt that these professionals were more confident in the quality of what care home staff were providing to residents, and this had improved communication and relationships:

*“We have always had good relationships with GPs, with the hospitals, the psychogeriatrician. I think it's all been enhanced by the whole programme - the different areas like the Clinical*



*Commissioning Group and social services have more confidence in what we are actually doing.” Registered Manager*

*“Our relationships ... [with] our GP practice and particularly our district nursing team have improved ... They know that we are able to cater for ... our residents in the first instance in a better way.” Owner / Director*

However, whilst the participating Vanguard organisations were working to improve multi-disciplinary support for care home residents, it was an occasional challenge to ensure that other professionals in the locality who were not part of the Vanguard understood the developments:

*“District nurses were automatically assuming that it meant that we took their role ... We fed that back ... it would probably be good if they let all the district nurses know, and so we were all on board. That was the only difficulty – just knowing to tread a fine line and not try and take over, or tell district nurses their job. It all worked out really well.” Wound Champion*

### ***Resource implications***

Whilst care home staff and managers were keen to celebrate the successes of their participation in the Vanguard, they emphasized that it was resource intensive for individual staff and for homes in releasing their staff for training and overseeing changes in culture and practice. Homes were paid a ‘Complex Care premium’ of rate of £70 per resident per week for each resident who met the criteria as a ‘complex care’ resident (East and North Herts Vanguard, undated). Whilst homes could choose how they spent the premium, the primary concern for homes was to provide cover for staff on Champions’ training courses. Factors associated with success in their view were strong commitment and leadership from care home managers and owners:

*“Being part of the Vanguard hasn't always been easy. There is a large level of commitment that needs to come from senior management, to commit to releasing staff to training and to then*

*implement the staff learning within the home. So there needs to be a strong ethos within the organisation and clear leadership.” Owner / Director*

### ***Beyond the vanguard***

Whilst the Vanguard had formally ended at the time of these interviews, the care home staff were looking forward to successful elements continuing and further support. They recognised that not all elements, especially joining up IT across health and social care, had been implemented within the timeframe. Although aware that the Vanguard was coming to a close, they hoped that relationships and input would continue:

*“I know of the plan for further Champion courses to be continued. We are very pleased ... We are determined to continue upskilling our staff to really empower them to give the highest level of care, which, at the end of the day is what they want and what we all want.” Owner /*

Director

*“It's progressing all the time, because we are now looking at having the access to health records online and being able to communicate with the hospital and the GP much more effectively.” Registered Manager*

## **Discussion and Conclusion**

The three-year Vanguard, including those focusing on Enhanced Health in Care Homes (EHCH), formally ended in April 2018, and in its recent examination of their impact so far, the National Audit Office concluded: *“there are early signs of a positive impact on emergency admissions”* however, it cautioned that *“the longterm impact and sustainability of vanguards is still not proven”* (National Audit Office, 2018, p. 47). Some of the EHCH vanguard sites have also published evaluations (eg in Sutton, by SQW and SCIE 2018; and in Wakefield, by Taylor, et al 2018). While these are extensive evaluations there does not appear to have been substantial engagement with care home staff – for example in Sutton four care home managers were

interviewed and only 10 care home staff (SQW and SCIE 2018, pF-1) while only 34 responded to a survey. In Wakefield the evaluation reports only 45 care home managers/staff responded to a survey that had been sent to around 500 possible participants (Taylor et al 2018, p. 11). Our project, which was funded at only a small fraction of these local evaluations, suggests the potential value of further eliciting care home staff views through recruitment methods other than surveys, though of course we too did not find it easy to recruit volunteer participants.

Nonetheless, the time and trouble care home staff took to attend the filming, and participate in the preparatory discussions, were substantial and they commented positively on this approach. There seemed to be a shared understanding amongst participants that if their voices were to reach care home staff across England, as well as other stakeholders, film would be likely to have the greatest reach. The presence of the professional film crew and equipment contributed to the sense of importance of the interviews, and the investment in and valuing of staff views and experiences. Feedback following the completion of the project suggests that partner organisations in the participating Vanguard, beyond the two care homes, broadly valued this examination of their work and they have showcased the film and its trailer at local and national events and via forums and newsletters.

In the filmed interviews discussed above, care home staff described the positive impact that taking part in the Vanguard or being on the receiving end of extra NHS input had on improving support for residents. Not only was it thought to have markedly increased the knowledge and confidence of those staff who undertook intensive 'Champions' training, but this knowledge had been cascaded within the care homes with the aim of improving care practice and promoting a learning culture. As a result, staff talked about being better at preventing health problems developing and were sure that there had been a reduction in call outs to GPs, district nurses and ambulances (echoing some of the Sutton Vanguard report, SQW and SCIE 2018). These stories contribute to the evidence base and suggest the value of talking to care home

staff about their perceptions of what success looks like for their residents as well as for their own practice. However, the wider national evaluation is not so positive or conclusive (NAO 2018) and the evaluation of the PROSPER care home improvement programme in Essex (Marshall 2016) also cautions against expecting changes in care home practices to be quick and for innovations to be rapidly adopted. There is a risk that the enthusiasm of care home staff about new support may lessen and their goodwill dissipated if projects come and go and are not sustained.

Despite the significant national investment in the Vanguard, participating in the Vanguard was resource intensive for participating care homes: for individual staff who needed to be away from the frontline of care work to attend training and who took coursework home with them to do in their own time. Care home managers and owners needed to ensure that residents still got the care they needed at times of staff shortages. This observation chimes with the initial scoping undertaken by the national evaluation of the Vanguard ECCHs, which reported that *'Evaluation of new programmes need to capture what is important to people receiving and providing care and not to simply provide evidence of reduction in resource consumption for the funders. The less tangible benefits, such as trust and collaboration should not be overlooked, even if difficult to measure'* (Stocker et al 2018, page 7). The care home staff and managers interviewed in the making of the film were keen to celebrate the successes of their participation in the Vanguard, but emphasised that ongoing support would be needed to embed new knowledge and practice in care homes, and to refresh and update staff learning. These are lessons for any new initiatives as well as 'business as usual'. The care home staff participating in this project were keen to contribute to new initiatives but a sense of the affordability of engagement came through as a possible barrier to future engagement.

## Acknowledgements and disclaimer

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